

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		1				
5		1				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		1				
14		2				
15	1					
16		1				
17		1				
18		1				
19		1				
20		2				
21		2				
22		2				
23		2				
24		2				
25		1				
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	50					
TOTAL CLAIMS	54					

	CLAIMS					
	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						